



General Account Information

This form is required to establish a general account in the NOx Allowance Tracking System (NATS) and should be submitted to EPA by any person, company, or organization wishing to open such an account for the purpose of holding and transferring allowances under the NOx Budget Program.

To open a new general account, complete all steps in this form, leaving the NATS account number and the Authorized Account Representative (AAR) ID blank for EPA to assign (unless you are an AAR for another account in NATS, in which case you should write in your AAR ID number). Both the AAR and the alternate (if applicable) must sign and date the certification statement in Step 6.

To revise information associated with an existing general account, enter your NATS account number and AAR ID number and complete only those steps covering the information you wish to change. You must complete Step 6 to authorize the change of information. Only the AAR or alternate AAR can authorize the change, and only one signature is needed. The AAR should notify all persons who have an ownership interest in the allowances held in an account every time he or she makes a NOx Budget Program submittal.

This submittal is: ☐ New (to open a new general account)
☐ Revised (to revise information on an existing general account)

NATS Account Number	AAR ID Number
Name of Account	

STEP 1 Enter requested information for the Authorized Account Representative.

Name	
Firm (Optional)	
Phone Number	Fax Number
E-mail Address	

STEP 2 (Optional) Enter requested information for the Alternate Authorized Account Representative.

Name	
Firm (Optional)	
Phone Number	Fax Number
E-mail Address	

STEP 3 Enter the mailing address for the account.

Address

STEP 4 Enter the names of all parties (persons or companies) subject to the binding agreement authorizing your representation of the account.*

Name
Name
Name

*Identify all parties with an ownership interest in the allowances held in this account. All of these parties must be subject to a binding agreement authorizing the representation of the account by the AAR, and, if applicable, the alternate AAR, identified in Steps 1 and 2. If you (the AAR) are the only person with an ownership interest in the allowances held in the account, list your name here.

NATS Account Number (from page 1)

STEP 5 (Optional)
Respond to the questions by marking all appropriate boxes (this information will be used for program evaluation purposes only).

Is the Authorized Account Representative employed by an allowance brokerage firm?

☐ No

☐ Yes (if yes, please mark all boxes that apply)

☐ This account will be used to transfer allowances between clients

☐ This account will be used to hold allowances for investment purposes

☐ This account will be used for other purposes (please specify)

What types of business are represented by the owner(s) of allowances in this account? (Mark all boxes that apply)

☐ Utility

☐ Non-Utility Generator of Electricity

☐ Industrial Boiler

☐ Fuel Supplier

_____ Coal

_____ Oil

_____ Gas

_____ Other

☐ Pollution Control Equipment

☐ Public Interest Group

_____ Consumer

_____ Other

_____ Environmental

☐ Other

STEP 6
Read the certification and sign and date. (Only one signature is needed if the form is being used to revise account information.) Leave the account number blank if you are opening a new account.

I certify that I, _____ (name), was selected as an Authorized Account Representative as applicable by an agreement binding on the parties with an ownership interest in the allowances held in the account _____ (account name or number).

Signature (Authorized Account Representative)	Date
Signature (Alternate Authorized Account Representative, if any)	Date

Submission Information

U.S. Mail:
U.S. Environmental Protection Agency
Acid Rain Program (6204J)
Attention: NOx Allowance Tracking System
401 M Street, S.W.
Washington, D.C. 20460

Overnight Mail:
U.S. Environmental Protection Agency
Acid Rain Program (6204J)
Attention: NOx Allowance Tracking System
501 3rd Street, N.W.
Washington, D.C. 20001

If you have any questions, please call the **Acid Rain Hotline** at 202-564-9620.



Allowance Transfer

Page 1

This form is required to record a transfer of allowances under the NOx Budget Program from one account to another in NOx Allowance Tracking System (NATS). Upon receipt of a complete allowance transfer form, EPA will move the allowance from the transferor's account to the transferee's account. The AAR should notify all persons who have an ownership interest in the allowances held in an account of all NOx Budget Program submissions.

STEP 1

Enter account information about the transferee (in whose account the allowances currently reside)

Transferor:

NATS Account #	
Authorized Account Representative (AAR) Name	AAR ID#
Address	
AAR Phone Number	
AAR Fax Number	

STEP 2

Enter account information about the transferee (into whose account the allowances are being transferred)

Transferee:

NATS Account #	
Authorized Account Representative (AAR) Name	AAR ID#
Address	
AAR Phone Number	
AAR Fax Number	

STEP 3

Complete Steps 4 and 5. The transferor AAR should read the certification, print name, and sign and date

I am authorized to make this submission on behalf of the holders of the allowances for which the submission is made. I hereby certify under penalty of law, that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Transferor:

Name	
Signature	Date

STEP 9
List the allowances to be transferred by serial number (see example).

You may specify single allowances or a series of allowances. In the total column, enter the total number of allowances to be transferred. Enter separate series or series with a different use date on a separate line.

[illegible]

Submission Information

Mail to the following address:

**U.S. Environmental Protection Agency
Acid Rain Program (6204J)
Attention: NOx Allowance Tracking System
401 M Street, S.W.
Washington, D.C. 20460**

If you have any questions, please call the **EPA's Acid Rain Hotline at 202-564-9620.**



Account Certificate of Representation

For more information, see instructions on the reverse side of the form. When complete, send to the appropriate STATE authority. Once the state signs off, the form shall be sent to the US EPA for registration with the NOx ATS.

This submission is: ☐ New
☐ Revised (Complete only steps 1,4, 5, and the step pertinent to change requested)

STEP 1
Identify the source by plant name, State, and, if applicable, ORIS code from the OTC database(?)

Plant Name	State	ORIS Code
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STEP 2
Enter requested information for the authorized account representative (AAR).

Name	AAR ID Number (if known)
Address	
Phone Number	Fax Number
E-mail Address	

STEP 3
Enter requested information for the alternate authorized account representative, if applicable.

Name	AAR ID Number (if known)
Phone Number	Fax Number
E-mail Address	

STEP 4
Provide the name of every owner and operator of the source and each affected unit at the source. Identify the units they own and/or operate by boiler ID# from the OTC database, if applicable.

Name				<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#

Name				<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#

Name	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
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ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#

Plant Name (from Step 1)

Account Certificate of
Representation - Page 2

STEP 5
Read the certifications,
sign and date.

I certify that I, _____ (name), was selected as the Authorized Account Representative as applicable by an agreement binding on the owners and operators of the budget source legally designated as _____ (name of the facility).

Signature (authorized account representative)	Date
Signature (alternate authorized account representative)	Date

CERTIFYING STATE: